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Address to: MS: Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

## UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b)(2) is a continuation-in-part of prior Application No.: 10/673,091 filed September 26, 2003.

Applicant (or identifier):

ALESSI ET AL.

Title:

FOR RAC-PK AS A THERAPEUTIC AGENT OR IN

DIAGNOSTICS, SCREENING METHOD FOR AGENTS AND

PROCESS FOR ACTIVATING RAC-PK

Enc	losed	are
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1. 2. 3.		Specification (Including Claims and Abstract) - 94 pages Drawings - 21 sheets Declaration and Power of Attorney a. Newly executed (original or copy) b. Copy from a prior application (signed or with indication that original was signed) i. Deletion of Inventors Signed statement attached deleting inventor(s) named in the prior
4.		application Incorporation By Reference The entire disclosure of the prior application, from which a copy of the Declaration and Power of Attorney is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
5. 6.		Microfiche Computer Program (appendix) Nucleotide and/or Amino Acid Sequence Submission  Computer Readable Copy Paper Copy
7. 8. 9. 10. 11. 12.		Statement Verifying Identity of Above Copies Preliminary Amendment Assignment Papers (Cover Sheet & Document(s)) English Translation of Information Disclosure Statement Certified Copy of Priority Document(s) Return Receipt Postcard Other: unsigned declaration and application data sheet
$\boxtimes$	App that	right to elect an invention or species that is different from that elected in parent dication No. in the event of a restriction or election of species requirement is identical or substantially similar to that made in said parent application is hereby erved.

Filing fee calculation:

Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
Before calculating the filing fee, please cancel claims

Basic Fil				<del></del>					\$ 770
Multiple Dependent Claim Fee (\$ 290)								\$ 	
Foreign Language Surcharge (\$ 900)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	44	-20	24	х	\$	18	=	\$ 432
	Independent Claims	15	-3	12	×	\$	86	=	\$ 1,032
TOTAL FILING FEE								\$ 2,234	

Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$2,234. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

Thomas Hoxie Novartis Corporate Intellectual Property One Health Plaza, Building 430 East Hanover, NJ 07936-1080

Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (973) 781-8064.

Respectfully submitted.

Date:

4/12/04

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